

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/23/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445314	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 06/19/2011
NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF MORRISTOWN			STREET ADDRESS, CITY, STATE, ZIP CODE 501 WEST ECONOMY ROAD MORRISTOWN, TN 37814		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 050 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure staff was familiar with fire drill procedures. The findings include: Observation during a fire drill conducted on June 20, 2011 at 3:20 p.m. confirmed one (1) resident was left wandering in the corridor by room 120 while there were six (6) staff at the nurses station on the other side of a pair of closed smoke doors.</p>	K 050	<p><u>CORRECTIVE ACTION:</u> All associates will receive education (by 7-5-11) regarding fire drill procedure and policy and need for all residents to be monitored while a fire drill is initiated.</p> <p><u>RESIDENTS WITH POTENTIAL TO BE AFFECTED:</u> All residents have the potential to be affected</p> <p><u>SYSTEMATIC CHANGES:</u> During a fire drill or actual occurrence all associates are to be mindful of all residents whereabouts. There should be an associate at each nurses station and at least one associate beyond each fire door to monitor residents.</p> <p><u>MONITORING:</u> Fire drills will be conducted to ascertain an appropriate response to fire drill procedures within the next two months by Safety Officer and Executive Director, there will be bimonthly fire drills conducted on all shifts. All critique of the fire drills will be presented monthly to the Performance Improvement Committee starting June 23, 2011.</p>	8-1-11	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Halle Cateley

Executive Director

6/28/11

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.